

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44849**

FILED DEC 31 1957

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>5579</u>		Registrar's No. <u>218</u>	
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Oklahoma</u> b. COUNTY <u>Ottawa</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin, MINERAL</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Miami</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Elmhurst Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>215 A Street S. E.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Charles</u>		b. (Middle) <u>Sumner</u>		c. (Last) <u>Whitney</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 27, 1870</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Educational</u>		11. BIRTHPLACE (State or foreign country) <u>Dayton, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Charles W. Whitney</u>		13b. MOTHER'S MAIDEN NAME <u>Isabelle Durrell</u>		14. NAME OF HUSBAND OR WIFE <u>Mary F. Whitney</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Helen Bowers</u> ADDRESS <u>Joplin, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) <u>4201</u> (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>8-1</u> , 19 <u>57</u> , to <u>12-18</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>12-17</u> , 19 <u>57</u> , and that death occurred at <u>12:12 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Lewis H. Ferguson M.D.</u>				23b. ADDRESS <u>327 F.R.E. Bldg. - Joplin Mo</u>		23c. DATE SIGNED <u>12-20-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/20/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>G. A. R. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Miami, Oklahoma</u>	
DATE REC'D BY LOCAL REG. <u>12-23-57</u>		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Smitzer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hutchins Funeral Home - Miami, Okla.</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

474

RECEIVED DEC 30 1957

Jasper County Health Office

County File Number 57-12-1628

Date Filed DEC 30 1957

JAN 10 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 508-0682

P. O. Address Miami, Okla

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.